

BETHEL THERAPEUTIC COURT ANNUAL REPORT FY19 10-29-19

RETENTION & UTILIZATION

Bethel Therapeutic Court - Capacity 20 July 2018 - June 2019													% Annual Discharges
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
# Beginning of Month	13	14	14	12	10	8	8	8	8	9	9	9	
# Referrals	0	0	0	0	3	0	0	0	3	2	0	0	
# Initial Opt-Ins	1	0	0	0	2	0	0	0	0	2	1	1	
# Returns to Regular Court	0	0	0	1	0	0	0	0	1	0	0	0	
# Formal Opt-Ins/Rule 11s	1	0	0	0	0	1	0	0	1	0	1	0	
# Opt-Outs After Formal Opt-In	0	0	0	0	0	1	0	0	0	0	0	0	13%
# Graduates	0	0	0	0	0	0	0	0	0	0	0	0	0%
# Discharges	0	0	2	2	2	0	0	0	0	0	1	0	88%
# End of Month	14	14	12	10	8	8	8	8	9	9	9	9	
# Pending Formal Opt-Ins/Rule 11s	3	3	3	3	3	3	3	2	1	1	1	1	
# Total Participants & Pending Rule 11s	17	17	15	13	11	11	11	10	10	10	10	10	
% Capacity Utilization	85%	85%	75%	65%	55%	55%	55%	50%	50%	50%	50%	50%	
% Average Quarterly Utilization			82%			58%			52%			50%	
% Average 12 Month Utilization												60%	

TABLE 2: Bethel Therapeutic Court – Annual Statistics Comparison FY18-19										
Capacity 20										
	General Statistics		% Referrals Who Initially Opted In		% Initial Opt-Ins Who Returned to Regular Court		% Initial Opt-Ins Who Signed Rule 11s		% Types of Discharges	
	FY18	FY19	FY18	FY19	FY18	FY19	FY18	FY19	FY18	FY19
# Total Participants	22	18								
# Referrals	25	8								
# Initial Opt-Ins	18	7	72%	88%						
# Returns to Regular Court	0	2			0%	29%				
# Formal Opt-Ins/Rule 11s	14	4					78%	57%		
# Opt-Outs After Formal Opt-In	1	1							10%	13%
# Graduates	5	0							50%	0%
# Discharges	4	7							40%	88%
% Average 12 Month Utilization	59%	60%								

Of the eight referrals in FY19, two were still active in the program at the end of June, one had been waiting since March for a Rule 11 agreement, three completed the initial opt-in stage then returned to regular court, one chose not to complete the application, and one was in Phase 2 before being discharged for incurring new charges. Three returns to regular court after initial opt-in: two opted out, and the other individual chose to flat-time their jail sentence rather than participate in the program.

Table 2 shows that the number of referrals has considerably dropped since FY18 although the average capacity utilization has gone up. Table 1 shows that utilization has been dropping since August 2018, and the court seems to have stabilized at 11 or 12 participants. With a relatively new team and a new Project Coordinator/Probation Officer, it may take the court time to attempt to ramp up referrals and increase utilization.

Entering Charges

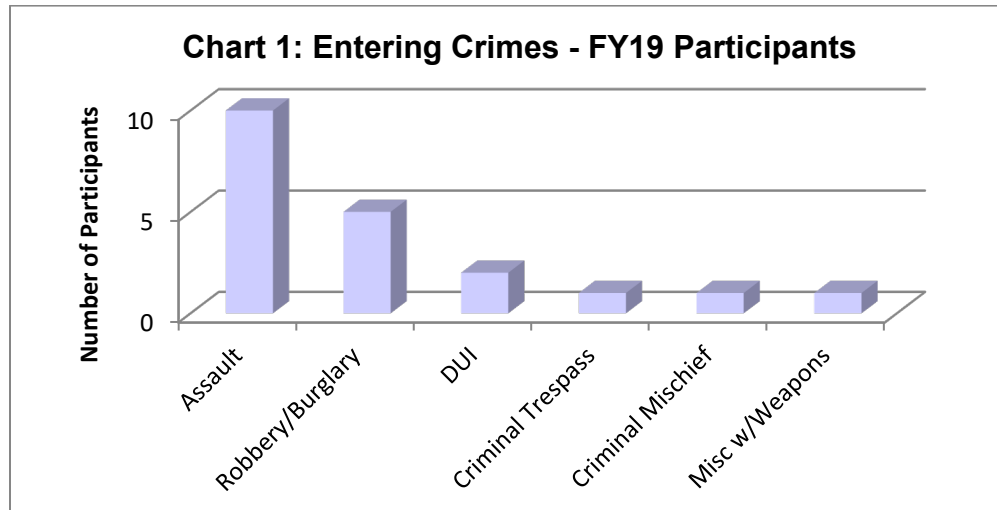
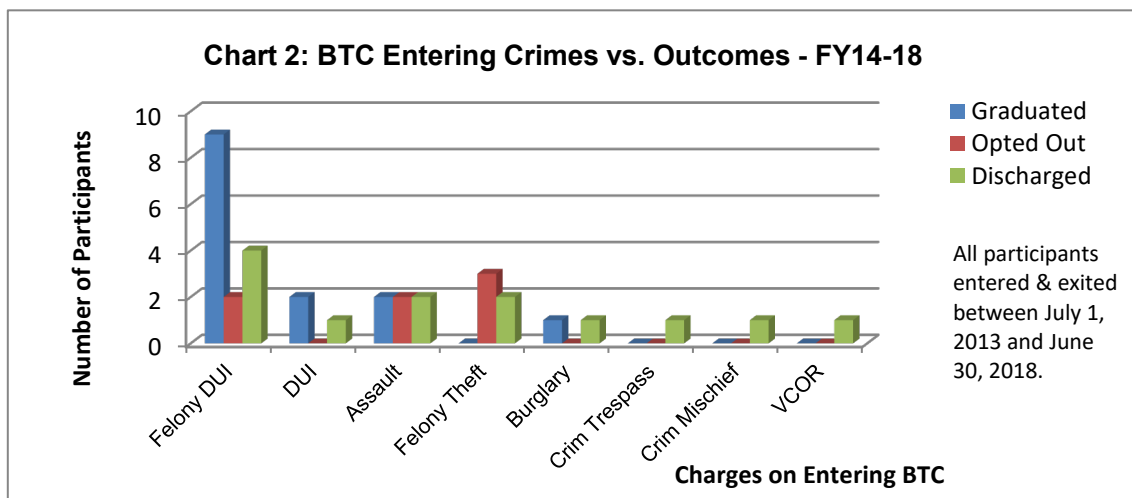


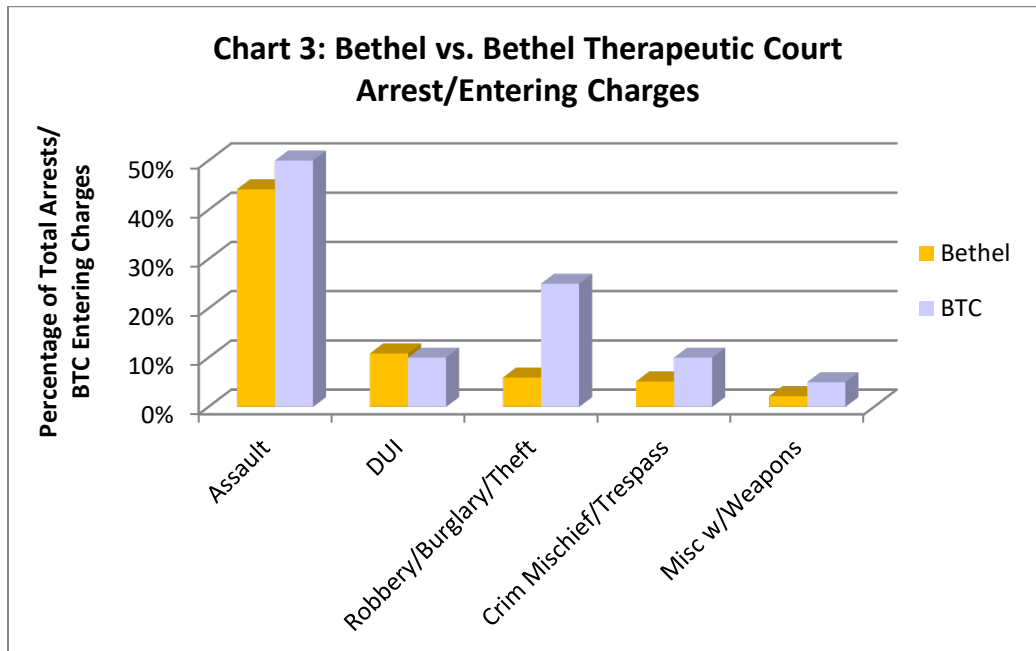
TABLE 3: ENTERING CHARGES - FY19 EXITING PARTICIPANTS

	Entering Charge	Discharge Reason
Participant 1	Vehicle Theft 1 (Felony)	Multiple incarcerations. Discharged with new felony charges.
Participant 2	Assault 4 (Misdo)	Absconded after incarceration sanction.
Participant 3	Assault 3 (Felony)	Excessive positive UAs
Participant 4	Assault 3 (Felony)	Excessive positive UAs
Participant 5	Burglary 2 (Felony)	Rearrest
Participant 6	Vehicle Theft 1 (Misdo)	Opted out
Participant 7	Theft 2 (Misdo)	Non-compliance
Participant 8	Assault 3 (Felony)	Rearrest

Chart 1 above shows the most serious charges all the FY19 participants came into the program with. Table 3 shows the entering charge and discharge reason for those participants who left the court in FY19. It appears that the prosecuting attorneys in FY18 and 19 approved more applicants with non-DUI charges than in previous years (see Chart 2 below for comparison). It remains to be seen if the program can return to the higher graduation rates that participants with DUI charges were able to achieve in previous years. The return to the longer pre-SB91 presumptive sentences may also affect the types of charges offenders enter with and their success rate.



BTC's entering charges as compared to the pattern of arrests reported by Bethel Police Department during CY17 (latest available) are shown in Chart 3.



Program Timelines

TABLE 4: PROGRAM TIMELINES – FY19 EXITING PARTICIPANTS

	# Days Referral - Admission	# Days Referral - Treatment Start	# Days Referral - R11	# Days Admission - Discharge	Comments
Participant 1	5	46	27	542	Multiple incarcerations. Discharged with new felony charges.
Participant 2	2	119	59	177	Absconded after incarceration sanction.
Participant 3	203	203	143	204	Excessive positive UAs
Participant 4	55	67	54	274	Excessive positive UAs
Participant 5	67	67	52	145	Rearrest
Participant 6	150	150	150	193	Opted out
Participant 7	15	N/A	N/A	176	Non-compliance
Participant 8	123	123	N/A	52	Rearrest

Eight participants exited in FY19. It took between 8 and 29 weeks for five of the eight to be admitted to the program. Reasons for such delays included: assessed for residential treatment, abandoned application then decided to return, difficult criminal history, delayed assessments or assessment scheduling difficulties, and no suitable housing. Admission into the program is usually the same date as the participant starts treatment. Participant #2's admission date may have been set before the substance abuse assessment showed them needing residential treatment, so start of treatment was delayed after admission.

Apparent issues: The treatment provider was operating without a clinician for much of FY19 and ASAP reported that at one point YKHC had a two-month waiting period for substance abuse assessments. This made it hard for the PC/PO to keep applicants engaged. An additional issue is the length of time it has taken to draft a Rule 11 agreement – although that tended to be a shorter wait than getting into treatment (see Table 4).

Table 2 shows that BTC's graduation rate has declined to zero with the majority of exits in FY19 being discharges

(shown in Table 4). All but one of the eight exiting participants was in the program for at least 20 weeks after admission. Of the four participants who had new criminal behavior, three were in the program for an average of 41 weeks or approximately 9 months after admission. This should have been enough time for elements of the program including court hearings, treatment, UA monitoring, and community supervision to positively influence the participants and keep them engaged on a sober path.

These outcomes suggest that changes need to be made in several elements of the program. Team members should question whether referrals are being made according to the eligibility criteria. The PC/PO can provide extra assistance by screening arraignment reports and flagging potentially eligible defendants.

It is hoped that with a new judge consistently available, court hearings will happen more regularly than before and participants will respond to the more frequent contact with the judge. The treatment provider may need to adjust relapse prevention and other Matrix elements to provide better tools for the participants. The new PC/PO is still undergoing training and will soon begin carrying out regular field visits to better monitor participants outside court.

BEHAVIOR MODIFICATION

Treatment

Treatment data for this year's report is incomplete. It is hoped that communication between the new Project Coordinator and the treatment provider will be developed and will facilitate submission of information such as quarterly treatment reports, assessment dates, treatment complete dates, and other information needed for adequate evaluation of services. The previous clinical supervisor provided oversight and quality control for the BTC program but this position was empty for most of FY19.

According to records, ten FY19 participants were referred for medication assisted treatment (MAT) but only two received any. This could be a reflection of poor record-keeping by the PO/CM as well as treatment, or the actual record of little follow-up to clinical recommendations. MAT can be an important tool in helping those with opioid and alcohol addictions manage the cravings. The team should ask for closer scrutiny of the MAT program for BTC participants.

Aspects of the treatment program to be discussed in the future include how long participants should stay in treatment, how to improve graduation rates with closer attention to the participants' progress through treatment, reworking relapse prevention plans, accessing MAT. A new treatment contract will come into effect in FY20 and this will present an opportunity to review how the treatment program can become more closely aligned with state and national standards.

Sanctions & Incentives

In FY19, 35 incentives were awarded and 44 sanctions imposed. The nationally recommended ratio of incentives to sanctions is 4 to 1. Only two of the participants receiving incentives did not receive any sanctions. It might be worth canvassing current participants as well as team members for ideas on how to expand incentives and perhaps find sources for tangible 'prizes'. This fiscal year BTC team members started working on soliciting donations from the community. Exit surveys have not yet been implemented and it is hoped that the new PC/PO will make these as well as active participant surveys a regular occurrence. Surveys provide insight into what helps motivate participants to succeed and which program elements actually work.

The time between the behavior and the court's response seemed generally reasonable (within a week of the behavior) except when the court had to wait for lab confirmations on positive UA tests. The BTC team may want to rework its Sanction and Incentive matrix to ensure that opportunities for incentives are maximized and sanctions are at an appropriate level for the behavior being sanctioned.

MONITORING

Two-thirds (= 12) of FY19 participants had positive UA results of 5% or lower (Refer to Table 5). Of the five participants who had no positive tests, four were still active in the program at the end of FY19 and one had absconded. Of the six other participants who were terminated in FY19, four had positive UA results (including FTAs) of 12% or higher. One participant who incurred new charges had only one dilute during the eighteen

months he was in the program and this suggests that there were issues other than substance use causing the recidivism. There are currently no diagnoses recorded in AKAIMS so it is unclear whether mental health issues were part of the problem. The eighth participant, who was terminated for non-compliance, is not included in this list as they were not given any UA screens. The individual was admitted and had started outpatient treatment but did not have the chance to sign a Rule 11 agreement.

TABLE 5: BTC FY19 UA Testing Results

	# of UAs	Outcomes	% Positive	Status
Participant A	133	All neg	0%	Still active
Participant B	141	All neg	0%	Still active
Participant C	4	All neg	0%	Absconded
Participant D	20	All neg	0%	Still active
Participant E	120	All neg	0%	Still active
Participant F	99	1 dilute, 4 Failure To Appear	5%	New charges
Participant G	197	1 positive, 2 dilute	2%	Still active
Participant H	58	1 Failure To Appear	2%	Opted out
Participant I	77	3 positive	4%	Still active
Participant J	141	6 positive	4%	Still active
Participant K	137	4 positive, 3 Failure To Appear	5%	Still active
Participant L	147	8 positive	5%	Still active (positive UAs at beginning of program)
Participant M	77	8 positive, 1 Failure To Appear	12%	Excessive positive UAS
Participant N	25	3 positive	12%	Rearrest
Participant O	59	6 positive, 3 Failure To Appear	15%	Still active
Participant P	31	5 positive	16%	Rearrest
Participant Q	52	9 positive	17%	Still active (positive UAs at beginning of program)
Participant R	15	2 positive, 4 Failure To Appear	40%	Excessive positive UAS

Community Supervision

TABLE 6: BTC FIELD VISITS - FY19 EXITING PARTICIPANTS

	Admission Process Visit	Housing Situation	Post-Admission Visit	Housing Situation	Other Field Visits	# Months Admission to Discharge	Discharge Reason
Participant 1	No	Prison	No	Private	1	18	Multiple incarcerations. Discharged with new felony charges.
Participant 2	No	Prison	No	Residential Tx	0	6	Absconded after incarceration sanction.
Participant 3	No	Prison	No	Residential Tx	1	7	Excessive positive UAs
Participant 4	No	Private	No	Private	0	9	Excessive positive UAs
Participant 5	No	Unknown	Yes	Private	0	5	Rearrest
Participant 6	Yes	Transitional	No	Transitional	1	6	Opted out
Participant 7	No	Prison	No	Unknown	0	6	Non-compliance
Participant 8	No	Unknown	Yes	Private	0	1.5	Rearrest

It is unclear whether there was an increase in field visits in FY19 or they were being better recorded relative to FY18, or both. Standard procedure is to carry out an announced home visit during the application/admission process. An unannounced visit should take place within 30 days of admission or of the previous announced visit. After that, field visit frequency depends on the participant's risk level and how they're progressing in the program. At a minimum, there should be a field visit every 6 months. The Probation Officer does not need to schedule a home visit if the participant is in prison, a halfway house (Tundra Center) or in residential treatment. If the participant is living at the Tundra Center, then the PO can carry out field visits to the place of work.

As noted in Table 6, standard procedures were not followed and field visits were done not frequently enough in several cases. Only 6 field visits were carried out for the whole time the eight exiting participants were in the program. Most of these participants had ongoing issues, and could probably have been held more accountable by more frequent field visits.

A total of 42 announced and unannounced visits were conducted with all participants in the program during FY19. Fifteen of these were carried out in a five-month period by the ASAP PO Supervisor and the new PO who came on board at the beginning of May 2019. It is hoped that the new PO can continue a schedule of field visits appropriate for each active participant.

Indigent Assistance

Table 7: Types of Employment	
44%	Store/office
17%	Local air taxis
11%	Construction
6%	Auto shop
6%	Volunteer
17%	Unknown
100%	

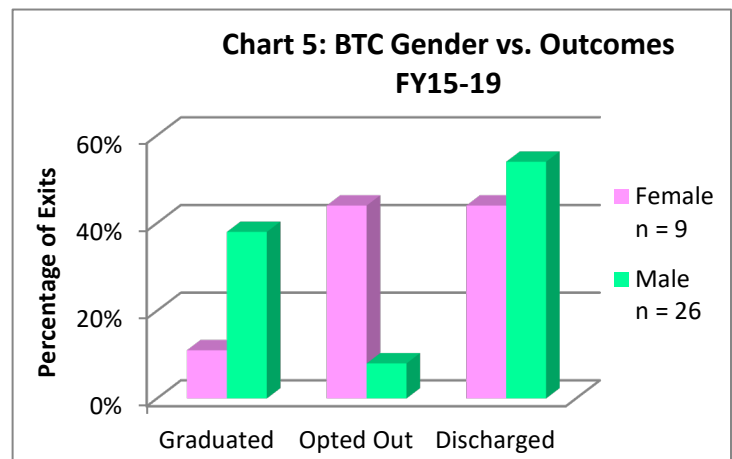
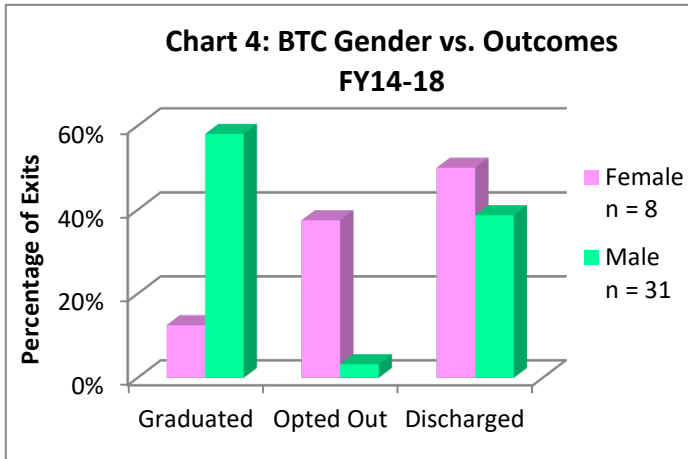
The majority (78%) of FY19 participants had jobs at some point during their program, two for longer than a year and three for a month or less. The average wage was \$13.71 per hour, and many of the participants were not working full weeks. It follows that many working participants would not be able to afford an apartment or even a room on their own.

The Bethel program spent approximately \$4,600 on assisting BTC participants without other resources. 80% was spent on housing and 20% on miscellaneous supplies for participants. Transitional housing beyond the Tundra Center halfway house can be a challenge because of the expense and the difficulty participants have experienced in finding jobs that could cover these costs in Bethel. Quite often participants will stay

with family or friends if they are from a village within the region. Participants able to acquire their own place to stay often have family and friends that will expect to be able to stay with them, and this has disrupted participants' ability to focus on their sobriety. The Probation Officer needs to make sure field visits are carried out regularly to ensure safe and sober living environments.

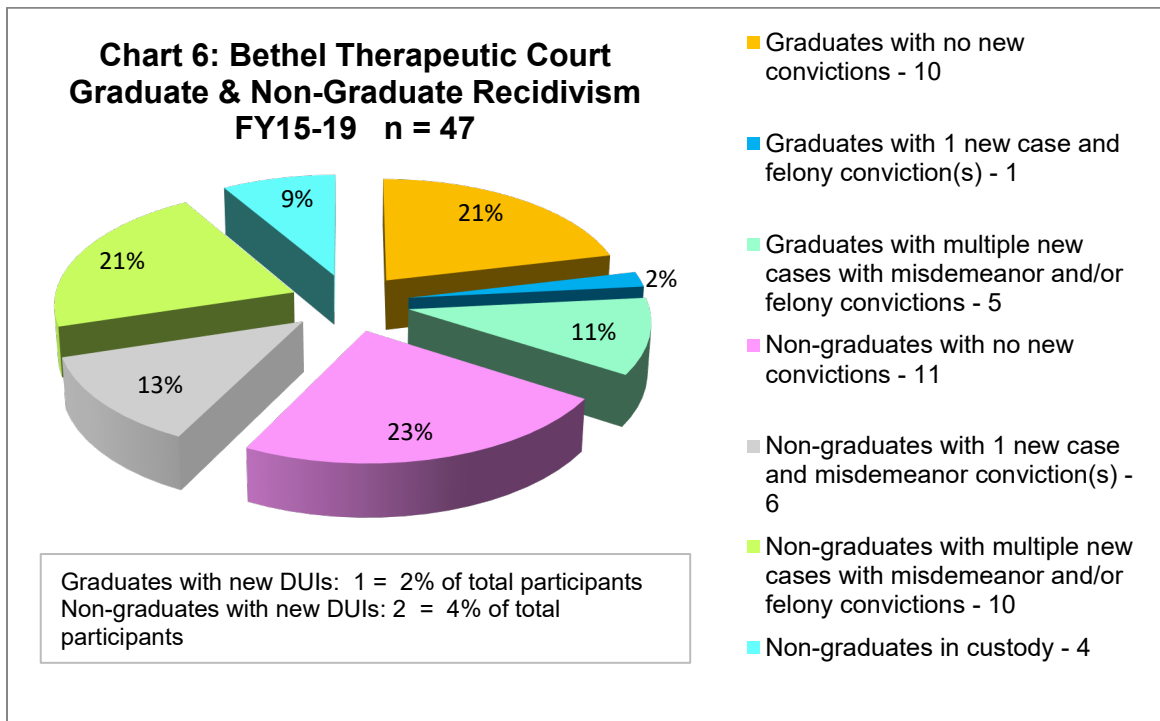
DEMOGRAPHIC ANALYSIS

Racial, age and gender characteristics of Bethel Therapeutic Court relative to the general population of Bethel as well as to the arrest population have not significantly changed since last year's report. However, as shown below in Charts 4 and 5, there has been a shift in outcomes among male participants.



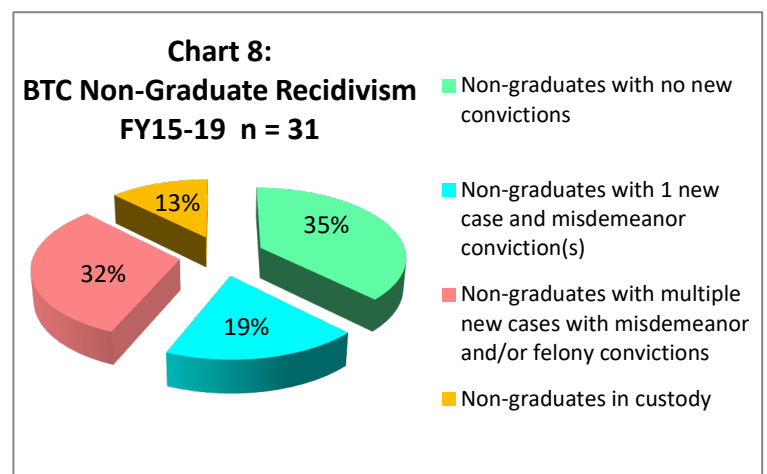
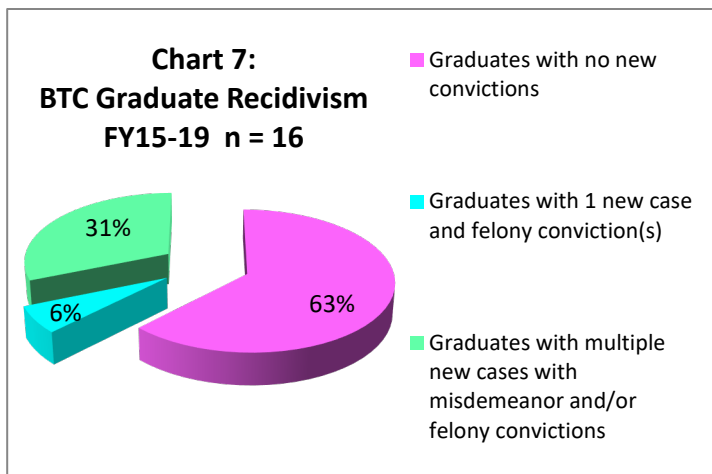
The graduation rate for female participants remained about the same (13% for FY14-18 and 11% for FY15-19), while for male participants it dropped from 58% to 38% and the discharge rate for men rose from 39% to 54%. Women are still graduating and opting out of the program well out of proportion to men which suggests that female participants face different challenges to males and may need different supports. As noted previously, none of the participants exiting in FY19 graduated, so there are system-wide problems that need to be addressed.

RECIDIVISM



From FY15 to FY19 21% of exiting participants graduated without recidivating and 23% who did not graduate also did not recidivate. 13% of exiting participants graduated and recidivated while 34% of exiting participants who did not graduate, recidivated. Of the graduates with no new convictions, 50% did incur new PTRPs, while only 25% of non-graduates without new cases incurred new PTRPs. 9% of total participants graduated and received new

PTRP violations through the PACE program, and 11% were non-graduates who received new PTRP violations through the PACE program.



Over the five year period the graduation rate was 34%; 63% of those who graduated did not recidivate whereas 35% of non-graduates (discharges and opt-outs) did not recidivate. Eight of the non-graduates recidivated while in the BTC program with five of them remaining in the program for some time afterwards but were eventually unable to successfully complete BTC. Their in-program cases included PTRPs, VCORs, assault, theft, criminal mischief and criminal trespass.

Relative to the previous five-year look back (FY14-18), the recidivism rate among both graduates and non-graduates has increased, from 10% to 37%, and from 30% to 51% respectively. Such significant increases point to the BTC program not properly functioning. To reverse this trend, the team should consider the type of entering charges, the admission process, adequacy of treatment services, and adequacy of community supervision.

TEAM MEMBERS

During FY19 multiple members of the BTC team changed: the judge, supervising prosecutor, OPA attorney, treatment clinical supervisor, and the Project Coordinator/Probation Officer (PC/PO). While such changes have been disruptive to the functioning of the court, the new make-up of the team presents an opportunity for the court to review and refine procedures, and resolve some of the systemic issues. There is a steep learning curve for the PC/PO and she is being trained and supported by the ASAP Supervisor as well as the Therapeutic Court Admin Office.

Judicial Coverage

Because the PC/PO position was open for three months, consistently tracking the number of BTC hearings in FY19, and the team members who attended those hearings was not possible. The new PC/PO will track this information as one of her weekly tasks.

POLICIES & PROCEDURES

One of the focus points in FY20 will be revising and updating BTC's P&Ps with the goal of bringing them more into line with state and national standards.

GOALS & OBJECTIVES

It is the overall goal of the Bethel Therapeutic Court (BTC) to promote public safety by reducing recidivism/re-arrest and incarceration rates for persons who are arrested with an alcohol/drug charge or where it is evidenced that alcohol/drug involvement is a significant contributing factor in a non-alcohol/drug-related charge. To assist this target population, the BTC introduces participants to recovery from substances through treatment, self-help, and community support. In addition, the BTC works with participants to improve their employment, overall health, familial and social functioning.

In order to accomplish the overall goals of the BTC, it is necessary to establish specific goals, objectives and performance measures that are monitored and reviewed on a continuous basis.

Goal 1: To enhance public safety, reduce recidivism/re-arrest and incarceration rates by reducing criminal behavior/recidivism among participating offenders

Process Objectives

1. **All BTC participants will receive intensive supervision (as defined by policies and procedures)** - All participants are assigned to the BTC probation officer. If the census of the court increases, the PO may want to coordinate with DOC Probation to carry out some of the home and employment visits.
2. **All potential BTC participants will receive a strength-based assessment and be referred to appropriate services relating to education, employment, housing, financial responsibility, family services, physical, mental health and other issues that affect their ability to succeed in the program** - YKHC continues to provide treatment services, as they have since the inception of BTC in 2002. An onsite review of their treatment services has not been conducted recently. This year, with the start of a new treatment contract, the Therapeutic Court Office will notify YKHC when it intends to conduct a review of the services provided.
3. **70% of BTC participants will graduate from the program within 2 years of their start date** – From FY15 to FY19 sixteen people graduated out of forty-three exiting participants, a graduation rate of 37%, down from 50% for FY14-18. Of these sixteen graduates, 1 (6%) took longer than two years to complete the program. There were no graduating participants in FY19.
4. **70% of BTC participants will have 90 consecutive days of sobriety by the end of their first year in the program** – Data not available at this time this report was drafted.
5. **90% of BTC participants who have violations will receive sanctions within one week.** The average length of time in FY19 between a participant's behavior and the imposition of a sanction was 4 days. Of those who incurred violations and received sanctions, 23% received the sanction more than a week later. The average number of days for the imposition of these sanctions was 16 days. The most likely reason for this length of time was the delay in getting UA test confirmation results back from the lab.

Outcome Objectives

1. **90% of BTC participants will not experience an alcohol or drug related offense within one year after graduation.** Recidivism data for FY15-19 show that 37% of graduates from BTC had new convictions. Two-thirds of these graduates (= 25% of total graduates) recidivated within one year of leaving the program. 13% of total graduates recidivated within two years of leaving the program. Another 31% of total graduates received new PTRPs less than a year after leaving BTC.
2. **BTC participants will have lower recidivism rates overall than non-BTC participants in the historical control group, 1 year after completion of the BTC program.** The recidivism rate for all those exiting BTC during FY15-19 was 47% and 28% recidivated within a year of leaving the program . As noted in a statement from DOC (October 2018; <http://www.correct.state.ak.us/blog/akdoctoday/category/reentry/>), Alaska has a general recidivism rate of 66.41%, with two thirds of these returning to custody within the first six months.

Goal 2: To reduce the costs associated with re-arrest, criminal case processing, and incarceration of BTC participants

Process Objectives

1. **Structure treatment, services and supervision to reduce opportunities for and risks of further criminal behavior.** As YKHC has been unable to adequately staff the treatment program that works with the therapeutic court, the services provided have been minimal. We hope to address these deficiencies once the new contract with YKHC has been negotiated.

2. **Maintain annual utilization rate of therapeutic court to 75% or greater** – The BTC has consistently had difficulty maintaining 75% utilization of capacity. At the end of FY19 the 12-month average utilization rate was 65% compared to 59% at the end of FY18. For the past 8 months, the rate has hovered between 55% and 60%, which is 11 to 12 participants. With several new team members, it is hoped that more consistent referral and admission processes will boost the number of participants towards full capacity.
3. **If utilization falls below 75%, arraignment reports will be reviewed daily, with appropriate cases flagged for DA/PD review.** The BTC Project Coordinator will be scheduled to receive automated arraignment reports on a daily basis, which can then be shared with the DA and PD.
4. **A list will be maintained of all cases flagged for referral to the therapeutic court. Quarterly, the project coordinator will seek information from the DA and PD's offices with respect to any defendants identified that have not entered the court.** The new PC/PO will be trained to do this.

Outcome Objectives

1. **Reduction of the number of jail-bed days for BTC participants (establish baseline first year)**
Data not available at this time.
2. **Reduction of BTC participants' contacts with law enforcement (establish baseline first year)**
Data not available at this time.

Goal 3: Using evidence-based practices, the Bethel Therapeutic Court enhances participants' well-being and promotes self-sufficiency while they reside in the community and rebuild their lives

Process Objectives

1. **All potential BTC participants will be assessed for addiction and treatment needs using current DSM and ASAM criteria within 5 working days from referral by the BTC.** Data not available at this time.
2. **All BTC participants will be admitted to appropriate substance abuse treatment services within 5 working days from referral by the BTC.** Data not available at this time.
3. **70% of BTC participants will successfully complete treatment (inpatient, outpatient, aftercare/continuing care) within 12 months of entering the BTC.** Data not available at this time.
4. **All BTC participants lacking safe and sober housing will be provided assistance in securing adequate housing prior to being admitted to BTC.** Data not available at this time.
5. **All BTC participants will be referred to training and mentoring in life skills, such as parenting and financial management (as appropriate).** Data not available at this time.
6. **All BTC participants without a high school diploma will be enrolled and actively pursuing their GED within 8 months of entering the BTC (as appropriate).** Data not available at this time.
7. **All BTC participants will further their education by utilizing vocation/avocational services (as appropriate).** Data not available at this time.
8. **90% of BTC participants will be actively employed or actively enrolled in an education program within 12 months of entering the BTC.** Data not available at this time.

Outcome Objectives

1. **Graduation of at least 70% of BTC participants.** In FY19 no participants graduated. During FY15-19, 37% of those exiting BTC graduated.

2. **Termination from the program of less than 15% of BTC participants for drug test failures.** During FY15-19, 6 (14%) of the 43 participants who exited BTC were terminated for excessive positive drug screens.

Goal 4: Conduct outreach and work with the Therapeutic Courts Office and Communications Counsel to inform the public about the benefits of therapeutic courts

Process Objectives

1. **Conduct and document at least one outreach effort each quarter.** Data not available at this time.
2. **Provide direct feedback to original case officers with regards to BTC participants' progress through the therapeutic court process.** Data not available at this time.
3. **Make arrangements with the therapeutic court team members and BTC participants to observe Drug or DWI Court Month. Work with your Alumni Group to hold an event.** Due to a new PC/PO, nothing was planned for May, 2019. Discussions have taken place between AKTCA and ASAP regarding tele- or video-conferencing between Bethel and Anchorage Alumni.

Goal 5: Complete and document an annual team review of the Therapeutic Court's Policies and Procedures, Client Contract and Client Handbook

Process Objectives

1. **Establish dates for these reviews to occur, and submit documentation of these reviews quarterly.** To be done.
2. **Submit revisions to Policies and Procedures, Client Contracts and Handbooks quarterly (as needed).** To be done.

Goal 6: Conduct team trainings needed to assure that best practices are being utilized in the implementation of the therapeutic courts

Process Objectives

3. **Survey your team to determine what trainings they have received. Based on the results of this survey, prioritize the team's training needs (both individually and as a group). Develop a list of the trainings needed.** To be done.
4. **Submit this list to the Therapeutic Courts Program Coordinator, and develop a plan to meet these training needs.** To be done.